

**11 COMPREHENSIVE ASSESSMENT**  
**12 DATA COLLECTION**

NAME    12 Date:    13

Occupation:    14 DOB    Age:   

Limited or Comprehensive Exam.    14

1: MEDICAL CONSIDERATIONS    15

Anesthetic Preference:     
Allergies:     
Significant Findings:   

Medication Noted  
Pre-Medicate:     
    
  

Referral/Consult:     
2: DENTAL HISTORY    16 How Long?   

Previous Dental:     
Most Recent Dental Exam:     
Most Recent Dental Treatment:     
Most Recent Dental X-ray:   

How Often Do You Have Your Teeth Cleaned?     
Significant Event:     
Referred By:    17

3: IMMEDIATE DENTAL CONCERN:     
Additional Dental Concerns:     
Oral Image:     
Motivation Level:   

4: PERSONALITY STYLE - DISC:   

5: DENTAL TYPE:   

6: PHOTOGRAPHIC DOCUMENTATION:    18

Polaroid:     
35mm:     
Digital:     
IntraOral:    19

10

FIG. 1

## RADIOGRAPHIC ANALYSIS

BW

PA

FMX

PANOREX

OTHER

## GENERAL TOOTH SURVEY

32

## MISSING TEETH:

Length of Time Missing

## IMPACTIONS:

## ROOT TIPS:

## PEG:

## IMPLANT:

## PONTIC:

## CORONAL TOOTH STRUCTURE

## CARIOS

35

33

## FRACTURE

## PREVIOUS RESTORATIONS

## PIN PLACEMENT

## UNACCEPTABLE:

M:

O:

D:

F:

L:

I:

MO:

## QUESTIONABLE:

M:

O:

D:

F:

L:

I:

MO:

## Tooth Location

## Acceptable

## Unacceptable

## Furcation

## Pulp Chamber

## Fluting

## Surface:

M:

D:

F:

L:

M &amp; D

## RADICULAR TOOTH STRUCTURE

## Replacement Resorption

## Internal:

## External:

## Surface:

M:

C:

F:

L:

## Severity:

## Minimal

## Moderate

## Severe

## Proximity

## Tooth Number

## Root Canal System

## Normal

## Calcification:

Minimal

Moderate

Obliterated

## Root Configuration

Blunderbuss

Normal

## Excessively Short

## Excessively Curved

## Additional Concerns

30

FIG. 2

## RADIOGRAPHIC ANALYSIS

<b>Roof Canal Treatment</b>			
40	Acceptable	Short Fill	_____
	Questionable	Inadequate Fill	_____
	Perforation	_____	
41	Unacceptable	Short Fill	_____
		Inadequate Fill	_____
		Perforation	_____
<b>Root Canal Material</b>		Gutta Percha	_____
		Silver Point	_____
		Paste	_____
<b>Post Placement</b>		Acceptable	_____
	Questionable	Length	_____
		Diameter	_____
		Perforation	_____
		Fracture	_____
42	Unacceptable	Length	_____
		Diameter	_____
		Perforation	_____
		Fracture	_____
		Metal	_____
<b>Post Material</b>		Carbon-Fiber	_____
		Ceramic	_____
		Other	_____
<b>REMAINING TOOTH STRUCTURE</b>			
43	Acceptable	_____	
	Questionable	_____	
	Unacceptable Treatable	_____	
<b>Unacceptable Non-Treatable</b>		_____	
<b>SUPPORTING STRUCTURE</b>			
<b>HORIZONTAL BONE POSITION</b>			
42	WNL	_____	
	< 2 mm	_____	
	< 4 mm	_____	
> 4 mm	_____		
<b>VERTICAL DEFECTS / INFRABONY:</b>			
42	Mild	_____	
	Moderate	_____	
	Severe	_____	
<b>FURCATION INVOLVEMENT (RADIOGRAPHIC):</b>			
Class II Tooth #		_____	
Class III Tooth #		_____	
<b>PERIAPICAL RADIOLUCENCY</b>			
<b>Location</b>		_____	
<b>Size (in mm)</b>		_____	
<b>PERIAPICAL OPACITY</b>			
<b>Location</b>		_____	
<b>Size (in mm)</b>		_____	
<b>APICAL ROOT RESORPTION</b>			
42	Mild	_____	
	Moderate	_____	
	Severe	_____	
<b>OTHER:</b>			
<b>RADIOGRAPHIC TEMPOROMANDIBULAR JOINT</b>			
Joint Films Obtained?		LEFT	RIGHT
Joint Films Required?		_____	_____
WNL		_____	_____
<b>TMJ RADIOGRAPH REQUIRED</b>			
TMJ Radiograph Evaluated		LEFT	RIGHT
Panorax		_____	_____
Transcranial		_____	_____
Tomography		_____	_____
CT Scan		_____	_____
MRI		_____	_____
<b>TMJ Radiograph Findings</b>		LEFT	RIGHT
Asymmetry		_____	_____
Degenerative Changes		_____	_____
Condylar Fracture		_____	_____
Pathologic Lesion		_____	_____

FIG. 3

## CLINICAL FINDINGS

51

## TEMPOROMANDIBULAR JOINTS

## RANGE OF MOTION

53

Maximum Opening (mm):  
Horizontal Movement:  
Opening Deviation:

LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_

## SYMPTOMATIC CONCERNs

Pain Frequency (days):  
History?  
Duration:  
Pain Level (0-6):

\_\_\_\_\_

## JOINT SOUNDS

54

Crepitus (0-3):  
Popping:  
Pop Grade (0-3):

\_\_\_\_\_

LOAD TEST  
IMMOBILIZATION TEST

52

\_\_\_\_\_

## HEAD AND NECK

## EXTRAORAL

55

Lymphadenopathy:  
Tenderness to Palpation:

\_\_\_\_\_

## INTRAORAL FINDINGS

56

Exostosis:

Tori: Maxilla  
Mandible:

\_\_\_\_\_

## CANCER SCREEN

## ORAL LESIONS

57

Location:  
Color:  
Size:  
Description:  
Other:

\_\_\_\_\_

50

FIG. 4

60

## OCCLUSAL MORPHOLOGIC GENERAL FINDINGS

CONDYLAR POSITION:		
ANTERIOR GUIDANCE		
OCCLUSAL VERTICAL DIMENSION		
ORTHODONTIC CLASSIFICATION	LEFT	RIGHT
CROSSBITE:	Anterior	
	Posterior	
ANTERIOR OPEN BITE	Comments	
POSTERIOR OPEN BITE	Description	
MALPOSED TEETH		
	Crowding/Overlap	
	Diastema	
	Rotations	
	Position	
ANTERIOR TOOTH SHAPE		
	Square,	
	Ovoid	
	Triangular	
MOBILITY		
	0	
	1	
	1+	
	2	
	2+	
	3	
	3+	
	Migration	
	Ankylosis (Location):	
ABNORMAL NEUROMUSCULAR HABITS		
	Nocturnal Bruxism	
	Gnashing	
	Tongue Thrust	
	Finger Sucking	
	Other Neuromuscular Habits	
ORTHOGNATHIC SURGERY		
	Completed	Started:
	Recommended	Finished:
	Recommended by Surgeon	
	Orthognathic Consult	
ORTHODONTICS		
	Completed	Started:
	Recommended	Finished:
	Recommended by Orthodontist	
	Orthodontic Consult	
FUNCTION		
	Acceptable Function	
	Constricted Chewing Pattern	
	Occlusal Dysfunction	
	Parafunction (Sleep Bruxism)	
	Neurologic Disorders	

FIG. 5

TOOTH STRUCTURE  
ATTRITIONMinimal  
Moderate  
Severe  
Complicating Factors

Defective Enamel	_____
Opposing artificial material	_____
Significantly fewer teeth	_____
Aberrant chewing pattern	_____
Developmental	_____
Gastric (GERD)	_____
Diet	_____
Medicinal	_____
Chemical	_____
Unknown	_____

## ABNORMAL ATTRITION

Minimal  
Moderate  
Severe

_____
_____
_____

## CARIES

Incipient  
Moderate  
Severe  
Diagnostic:

_____
_____
_____

<20  
>20

## Cervical Lesion (Non-Carious)

## ABRACTION

Minimal  
Moderate  
Severe

_____
_____
_____

## ABRASION

Minimal  
Moderate  
Severe

Complicating Factors (foreign objects)

_____
_____
_____

## CLINICAL FINDINGS

70

FIG. 6

CLINICAL FINDINGS 70

## TOOTH STRUCTURE

## DEVELOPMENTAL DISTURBANCES

## DESCRIPTION

Amelogenesis Imperfecta  
Dentinogenesis Imperfecta  
Discoloration  
Fluorosis  
Hypocalcification  
Mottled Enamel  
Shape  
Tetracycline Stain

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## EROSION

Minimal  
Moderate  
Severe

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## FRACTURE

Minimal  
Moderate  
Severe

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## PULPAL CONCERNs

Electronic Pulp Testing  
Percussion Tenderness  
Coronal Discoloration  
Thermal Sensitivity  
Thermal Testing  
Biting Chewing Sensitivity  
Large Restoration  
Endodontic Referral

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FIG. 7

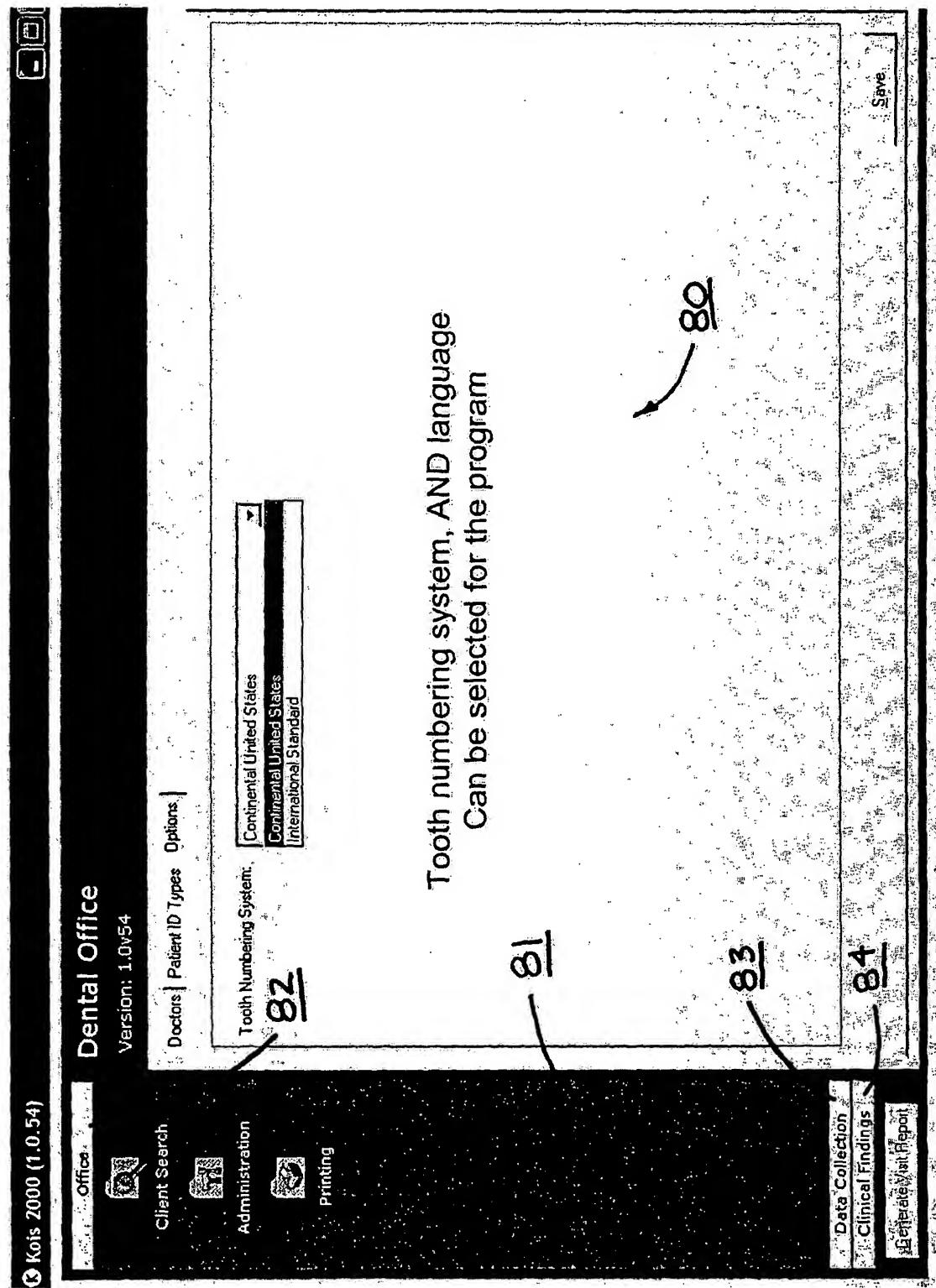
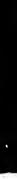
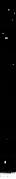
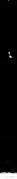
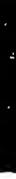
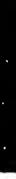
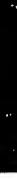
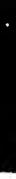
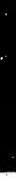
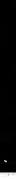
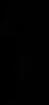
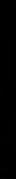
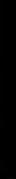
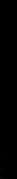
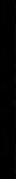


FIG. 8

9  
FIG

 <b>Kofo 2000 (1.0.54)</b>	
<b>Benavides, Mark (Dr. Benavides, Mark)</b>	
Editing Visit: 12/22/2002	
Last Seen On: 12/22/2002	
 <input type="checkbox"/> Office	
 <input type="checkbox"/> Data Collection	
 <input type="checkbox"/> Clinical Findings	
<b>Orthodontic Findings</b>	
<b>Orthodontic Findings</b> HEADING - (0)	
 <input type="checkbox"/> Dental Position (Max Intersespersion: 1)	
 <input type="checkbox"/> Anterior Guidance (Acceptable: 1)	
 <input type="checkbox"/> Occlusal Vertical Dimension (Acceptable: 1)	
 <input type="checkbox"/> Angle Classification Left - (Class I:1)	
 <input type="checkbox"/> Angle Classification Right - (Class I:1)	
 <input type="checkbox"/> Angle Classification Left - (Class II:2)	
 <input type="checkbox"/> Angle Classification Right - (Class II:2)	
 <input type="checkbox"/> Anterior Crossbite (Class I: malocclusion. A malocclusion in which the mesiobuccal cusp of the maxillary first molar occludes in the buccal groove of the mandibular molar, whereas it signifies only a normal sagittal relationship of upper and lower teeth as they meet. Class II: sometimes incorrectly used as a synonym for normal occlusion, whereas it signifies only a normal sagittal relationship of the maxillary (upper), or a combination of the two, molars. Class III: malocclusion. A dental (occlusion) placement of the mandibular (lower) molar, mesial (centered) relationship of the maxillary (upper), or a combination of the two, molars. Class IV: malocclusion. A dental (occlusion) placement of the upper first molar in the buccal groove of the lower, mesially near the embrasure between the lower molar and second bicuspids. Division 1: A Class II molar relationship with proclined upper incisors with respect to the lower incisors. Division 2: A Class II molar relationship, usually with the upper central incisors tipped lingually, and an excessive overbite. Division 3: A Class II molar relationship of the lower first molar to the upper, a retruded relationship of the upper first molar to the lower, or a combination of the two. Anterior: The mesiobuccal cusp of the upper first molar will typically occlude near the embrasure between the lower first and second molars.)	
 <input type="checkbox"/> Anterior Open Bite	
 <input type="checkbox"/> Posterior Open Bite	
 <input type="checkbox"/> General I Class I	
 <input type="checkbox"/> General II Class II	
 <input type="checkbox"/> General III Class III	
 <input type="checkbox"/> Mobile	
 <input type="checkbox"/> Abnormal	
 <input type="checkbox"/> Missing	
 <input type="checkbox"/> Anterior	
 <input type="checkbox"/> Posterior	
 <b>Occlusal Morphologic Findings</b> HEADING - (0)	
 <input type="checkbox"/> Occlusal Morphologic Findings	
 <input type="checkbox"/> Save	
 <input type="checkbox"/> Mark All	
	
	
	
	
<b>This is another example of a tooltip, which 102 in this case, explains "Angle Classification".</b>	
 <input type="checkbox"/> Save	
 <input type="checkbox"/> Print	
 <input type="checkbox"/> Find	
 <input type="checkbox"/> Find Next	
 <input type="checkbox"/> Find Previous	
 <input type="checkbox"/> Close	
 <input type="checkbox"/> Ready	
 <input type="checkbox"/> Print	
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 <input type="checkbox"/> Print	
<input type="checkbox"/> Print	
<img alt="Print icon" data-bbox="4405 770 4415	

## Excel Output

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1																	
2	Patient Name:	Bennardes Mark															
3	DOB:	4-Aug-1955 47 Years															
4	Periodontal Classification:	Severe AAP IV															
5	Periodontal Classification:	Modified by: <u>ZIO</u>															
6	Site Specific Bone Loss:	2, 3, 4, 5, 15, 16, 19	10	11	12	13	14	15	16	17	18	19	20	22	23	24	25
7	Horizontal Bone Loss:	2, 3, 4, 6, 7, 8, 9, 10, 11, 13	14	15	16	17	18	19	20	22	23	24	25	26	27	28	30, 31
8	Aggressive Periodontitis:	24, 25, 26, 27, 29, 30, 31															
9	Secondary Occlusal Traumatism:																
10	Aberration:	23, 24, 25, 26															
11	Recession:	2, 3, 4, 5, 11, 13, 14, 22, 23, 24, 25, 26, 27, 29, 30	30														
12	Edentulous Ridge Considerations:	2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 18, 19, 20, 22, 23, 24, 25, 26, 27, 29, 30, 31															
13	Posterior Bite Collapse:																
14	Missing Teeth (due to Periodontal Disease):																
15	Missing Teeth:																
16	Remaining Teeth:																
17	Oral Pathology:																
18	Impression:																
19	Initial Oral Exploratio / Ton:																
20	Other:																
21	Rent Proximity:																
22																	
23																	
24	RISK ASSESSMENT																
25	PROGNOSIS: Generalized Remaining Teeth																
26	PROGNOSIS: Specific (Individual Teeth)																
27	PROGNOSIS: Generalized Remaining Teeth																
28	PROGNOSIS: Specific (Individual Teeth)																
29	Horizontal Bone Position:																
30	Horizontal Bone Position:																
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## Excel Output

FIG. 12

131